

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIVED

NOV 7 2013

MB

THOMAS G BRUTON  
CLERK, U.S. DISTRICT COURT

CHARLES STARNES

BRIAN Ashcroft

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

TOM DART

John Murphy

TYRONE EVERHART

13CV8026  
JUDGE GUZMAN  
MAGISTRATE JUDGE FINNEGAN

Case No:

(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)



COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)



OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: CHARLES STARNES
- B. List all aliases: NONE
- C. Prisoner identification number: #20120825201
- D. Place of present confinement: Cook County DEPARTMENT OF CORRECTIONS
- E. Address: 2650 S. CALIFORNIA AVE. CHICAGO, IL. 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: TOM DART  
Title: SHERIFF (Cook County)  
Place of Employment: Cook County DEPARTMENT OF CORRECTIONS
- B. Defendant: John Murphy  
Title: DIRECTOR  
Place of Employment: Cook County DEPARTMENT OF CORRECTIONS
- C. Defendant: TYRONE EVERHART  
Title: SUPERINTENDENT (DIVISION 5)  
Place of Employment: Cook County DEPARTMENT OF CORRECTIONS

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

I Plaintiff(s):

A. Name : BRIAN ASHCROFT

B. List all aliases: None

C. Prisoner Identification number: 2013-0303186

D. Place of present confinement: Cook County Department of Corrections

E. Address: 2650 S. California, Chicago, IL 60608

BRIAN ASHCROFT

(PRINT NAME)

Brian Ashcroft

(SIGNATURE)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

A. Name of case and docket number: \_\_\_\_\_  
\_\_\_\_\_

B. Approximate date of filing lawsuit: \_\_\_\_\_  
\_\_\_\_\_

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_

D. List all defendants: \_\_\_\_\_  
\_\_\_\_\_

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_

F. Name of judge to whom case was assigned: \_\_\_\_\_

G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
\_\_\_\_\_

I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

CLAIM ONE

I. PERSONAL PROPERTY BOX

I'm currently incarcerated in the Cook County Department of Corrections as a pre-trial detainee awaiting trial. I've been detained in the Cook County Department of Corrections in various divisions under the authority of Tom Dart (Sheriff) and directions of John Murphy (Director) from August 25, 2012 to this present date.

I've presently been detained in the Cook County Department of Corrections within Division 5 under the authority of Tom Dart (Sheriff), by directions of John Murphy (Director), and through the supervision of Tyrone Everhart (Superintendent) from May 2, 2013 thru November 4, 2013.

While being detained in Division 5 through the supervision of Tyrone Everhart (Superintendent of Div. 5) I was subjected and exposed to harsh as well as deplorable living conditions which were unclean and unsanitary within the cell; consisting of but not limited to the following).

According to C.C.D.O.C departmental policy and rules a pre-trial detainee should only be issued one (1) correspondence box (approx. 12x16) to store all of their personal property items. These personal property items range from Commissary

purchased items, Cosmetics (hygiene) products), Personal Mail, Legal Mail, Books, Periodicals, Bible or Quran, Clean Clothes, Soiled (dirty) Clothes, Medications, and etc. However, it is humanly impossible for a pre-trial detainee to store all of their personal property items in such a small correspondence box.

Therefore, this C.C.D.O.C departmental policy and rule leaves a pre-trial detainee with storing whatever personal property items that don't fit in the small correspondence box in brown paper bags lined on the floor around their cell. Creating an unclean and unsanitary environment for living which leads to harsh and very deplorable conditions. Such living conditions that are equivalent to living in squalor.

This C.C.D.O.C departmental policy and rule has affected me personally in the following manners. By this small correspondence box not being big and efficient to store all of my personal property items I'm left to store the remaining personal property items of mine in brown paper bags on the floor in the cell. Whereas my personal property items such as commissary purchased food has been exposed to the elements of Division 5 being a very old building which is infested with rodents (mice and/or rats) and roaches. My commissary purchased food being stored in brown paper bags on the floor has been eaten by rodents (mice and/or rats) and roaches leaving these items damaged, destroyed, and contaminated. I've even been awoken in the middle of the night to the sound of rodents rambling and rummaging through my commissary purchased food items located on the floor in the cell. Only for the rodents to run back into hiding within the cracks in the walls and door of the cell.

Also due to Division 5 being a very old and "sick" building the toilet is leaking from the baseboard of the wall. Causing toilet water (plumbing water) to spill out all over the floor in the cell. Due to this issue and me not having the proper or adequate storage box for all of my personal property items to be stored I've suffered another loss. This loss consisting of personal property items such as my legal mail. I've had legal mail get wet, damaged, and destroyed from the toilet leaking water all over the cell. Whereas a dysfunctional toilet pipe and the deterioration of cinder block bricks caused this catastrophe to pertinent and vital documents pertaining to the pending charge against me. Some of the legal material will be irreplaceable before I go to trial.

I've had personal property items such as my commissary purchased food smelling and tasting like soap as well as other hygiene products from me having to store these cosmetics in the same small box (correspondence) with my food. I've had personal property items such as my clean clothes exposed to sweaty soiled (dirty) clothes by me having to store both sets of clothes in the same small correspondence box.

And this cross-contamination of germs and bacteria have caused a calamity of me to break out with rashes as well as boils over some portions of my body.

The end result to this C.C.D.O.C departmental policy and rule is if you don't comply with it as a pre-trial detainee you will be subjected to disciplinary actions. Which consist of sanctions and loss of privileges being levied against you for violating the departmental policies and rules. Therefore, I'm being forced to store all of my personal property items in this one (1) small correspondence box or face disciplinary actions for not being in compliance with the departmental policy and rule of the C.C.D.O.C which is unfair and inhumane. (Note: I've resided in some County Correctional Facilities and State Correctional Facilities where the Department of Justice mandate for facilities is for a Detainee and/or Inmate to be issued two (2) boxes. One (correspondence) box for legal mail, personal mail, periodicals, books, bible or quran, and other religious material. The second (property) box for commissary purchased food, clean clothes, and hygiene products.)

Above all, by me being forced to live out of a small correspondence box along with reside in a living area (cell) that is unclean, unsanitary, infested with rodents, and store all of my personal property items in this one (1) small (12x16) correspondence box is a violation of my United States of America Constitutional Rights ~ mainly the (8<sup>th</sup>) VIII Amendment of cruel and unusual punishment being inflicted upon me on a daily basis.

I've exhausted all of my available administrative remedies in the form of "Inmate Grievance Form". And although Tyrone Everhart (Superintendent of Division 5) made an effort to rectify my complaint regarding the property box there's still been no progress made regarding my complaint. No progress in the authority of Tom Dart (Sheriff) or directions of John Murphy (Director) to change or modify the departmental policy or rule regarding personal property boxes. Create a new general order which mandates a pre-trial detainee to have proper and adequate personal property boxes to store their personal property items. Also distribute a memorandum notifying all Assistant Deputy Directors, Divisional Superintendents, and Divisional Commanders of the proper way and adequate storage for pre-trial detainee's personal property items. Because to this present date by none of these procedures being implemented on a memorandum set forth, I've still been subjected to put "all" of my personal property items in one (1) small correspondence box. Which continues to place me back at square one of having my personal property items damaged and destroyed putting me at a loss. So I'm presenting my complaint to honorable court praying that it take action.

#### V. RELIEF:

Regarding "CLAIM ONE (I)" ~ Personal Property Boxes. I want the Defendants in this Complaint to be held accountable for having myself and other detainee's live in cruel conditions. Format a new Departmental Policy for Personal Property boxes. And for these Defendants to compensate me financially for the damages and loss of my personal items.



COOK COUNTY SHERIFF'S OFFICE  
(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

*Po 1/2*

GRIEVANCE

NON-GRIEVANCE (REQUEST)

CONTROL #

2013X3599

! This section is to be completed by Program Services staff - ONLY! / Para ser llenado solo por el personal de Program Services !.

## GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE  
 GRIEVANCE  
 NON-GRIEVANCE (REQUEST)

## REFERRED TO:

 CERMAK HEALTH SERVICES SUPERINTENDENT: 05-Supt. OTHER: \_\_\_\_\_

Program Services Supervisor Approving Non-Grievance (Request) Signature

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

**STARNES**

DIVISION (División):

**DIVISION 5**

PRINT - FIRST NAME (Primer Nombre):

**CHARLES**

LIVING UNIT (Unidad):

**2K**

ID Number (#de identificación):

**#2012-0825201**

DATE (Fecha):

**09/04/13**

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- \* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- \* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- \* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
 (Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

**(PART I OF II)**

I am currently (being) held in custody at the Cook County Department of Corrections as a pre-trial detainee (waiting trial). According to the C.C.D.O.C. rules and regulations a pre-trial detainee (cell should be in strict compliance) whenever I have a visit from the cell. Also this policy coincides with a pre-trial detainee being able to have access to the dayroom privileges. (As it should be noted: The Department of Justice's O.C.I. is scheduled to do an inspection of the C.C.D.O.C.) With this being stated the rules of the C.C.D.O.C are being enforced with zero tolerance and violations. However, I've been informed and instructed by Sergeant Stroner of the 3-11 shift that "ALL" of my personal property should be contained in one (1) correspondence box. With this being a violation of my 8<sup>th</sup> Amend. Constitutional right.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitado):

I'm requesting to be informed of what are the rules and guidelines for the number of correspondence boxes (as a pre-trial detainee being held in the facility) & the Cook County Department of Corrections should have in their possession within the cell.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)**K10's assigned to 2K and pre-trial detainees of 2K Charles Starnes**

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

**A. D. Wall****10/10/13****10/10/13**

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE  
(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

*Pg 2/2*  
 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

2013 X 3599

I This section is to be completed by Program Services staff ONLY / Para ser llenado solo por el personal de Program Services

## GRIEVANCE FORM PROCESSED AS:

 EMERGENCY GRIEVANCE GRIEVANCE NON-GRIEVANCE (REQUEST)

## REFERRED TO:

 CERMAK HEALTH SERVICES SUPERINTENDENT: OS - Supt OTHER: \_\_\_\_\_

Program Services Supervisor Approving Non-Grievance (Request) Signature

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

ID Number (# de identificación):

STARNES

CHARLES

#2012-0825201

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

DIVISION 5

2K

09/04/13

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

- \* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- \* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- \* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría resometer una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
 (Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

(PART II)

The issue I'm grievous does not consist of me having a problem with the rules, regulations, or policies of the C.O.D.O.C. Neither does it consist of me being in compliance with or abiding by them. The issue doesn't consist of whether or not I'm in possession of an excessive amount of property or having things. The complaint I'm concern I'm grievous consist of what is the general order, order, procedure, rule, stated, and/or mandate(s) the amount of correspondence boxes to be in & the time between each issue as well as what respective should be done in them. I find it a total violation of my Constitutional right of the VIII (8<sup>th</sup>) Amend to be subjected to inhumane, cruel, and unusual punishment. In which this is what occurred when Sat. (striker) of the 3-11 shift forced me to take my mail (commercial), clean clothes, dirty clothes (soiled), mail, legal mail, bibs, essentials, and shower choices in this (1) one small box on 09/04/13 and 09/05/13.

## ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

I'm requesting to be informed as well as given a copy of the general order, rules, or policies the number(s) correspond to boxes I have to take in while I'm still in the custody of the C.C.D.O.C should have in their possession. And exactly what content should be stored in those boxes.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

R/O'S ASSIGNED TO 2K ON 9/4/13 &amp; 9/5/13. DETAINEE OF 2K

INMATE SIGNATURE (Firma del Preso):

Charles Starves

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

*H. Dillman**C. Dillman**9/10/13*

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

*/ /*



## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

2013 X 3599

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Starnes

Charles

2012-0825201

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Misc. other Divisional Issues

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (If applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

OS-Supt.

DATE REFERRED:

9/10/13

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Plmnd. spoke to detainee Starnes and advised him that the orders of Sat. Strogn. all Project will be stored inside the garage property. (two)

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

CMDR. K. Harris

Cpl. Charles

DIV./DEPT.:

DATE:

9/24/2013

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

 GRIEVANCE SUBJECT CODE: NON-GRIEVANCE SUBJECT CODE:

Charles Starnes

10/4/13

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a))

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):

09/24/13

IV. STATEMENT of CLAIM:

CLAIM TWO

II. INMATE WORK PROGRAM

I'm currently incarcerated in the Cook County Department of Corrections as a pre-trial detainee awaiting trial. I've been detained in the Cook County Department of Corrections in various divisions under the authority of Tom Dart (Sheriff) and directions of John Murphy (Executive Director) from August 25, 2012 to this present date.

In previous months I was detained in the Cook County Department of Corrections within Division 9 (Super-Maximum Security) under the authority of Tom Dart (Sheriff), by directions of John Murphy (Executive Director), and through the supervision of Mr. Thomas (Superintendent of Div. 9) from September 2, 2012 thru May 2, 2013. Due to pre-trial detainee's detained in Division 9 being classified as super-maximum security detainee's they are not allowed or permitted to work based upon security reasons and purposes. So by me being classified as a minimum/medium pre-trial detainee I was allowed and permitted to work in Division 9 (Super-Maximum Security) during the above aforementioned months.

While classified as a minimum/medium pre-trial detainee yet detained in Division 9 (Super-Maximum Security) through the supervision of Superintendent Mr. Thomas I assisted and helped with the daily operations,

CLAIM TWO (CONTINUED ~ PAGE 2)

up keep, and functions of this division through means of being a pre-trial detainee worker on a daily basis.

My daily job description consisted of but not limited to the following duties and tasks. My primary assignment was the 7-3 shift food cart whereas I served and feed lunch to the pre-trial detainee's detained in Division 9 on a daily basis. Based upon my job description I had to count all of the lunches, check all of the lunches to make sure every item of food was contained in the lunch, check all of the lunches to make sure they were sealed and not prone to any contamination, and then deliver the lunches to "946" (approximately) super-maximum security pre-trial detainee's to be feed everyday. After feeding these detainee's I would then have to load the lunch crates back onto the food carts to be transported back to the Central Kitchen located within the Cook County Department of Corrections facility.

My work day consisted of working four (4) hours a day, seven (7) days a week, and no off days. All at the rate of (\$1.00) one dollar a day and (\$7.00) seven dollars a week. You are constantly on your feet during these work hours and if you even request a off day you'll be threatened with being fired or terminated from your work assignment. It's bad enough a pre-trial detainee worker is working for a rate of wages which could be considered slave wages; it is only right and fair for a pre-trial detainee to receive their full pay for their labor. Although a pre-trial detainee isn't being forced to work they still should be eligible for off days without the threat of being fired or terminated from their work assignment.

When I wasn't performing my primary assignment I would volunteer to assist with performing other tasks which kept the daily operations of Division 9 moving in forward progress. These secondary tasks consisted of collecting pre-trial detainee's personal laundry items to be sent off to get washed. Then once they were finished getting washed I would distribute them back out to the pre-trial detainee's. I would volunteer to assist with the tasks of the sanitation detail. Whereas I would clean the showers of pre-trial detainee's by power washing

the showers, cleaning officers and/or staff washrooms, and cleaning the hallways as well as the foyers within the Division 9 facility. Also a lot of times I would be drafted against my will to perform hazardous tasks which was detrimental to my health and well-being. Tasks which consisted of me having to clean pre-trial detainee tiers where human feces and urine had been thrown all over the tier. At times I would have to go onto these tiers which was labeled as A.B.O (Abnormal Behavioral disorder) in Division 9 (Tiers 1E & 1F). Where human feces and urine would be thrown at me and on me while I cleaned up the body fluids which had already contaminated the tiers. This treatment alone subjected me to cruel and unusual punishment while performing those job tasks. Finally, I would be drafted against my will to perform hazardous tasks which was detrimental to my health and caused me mental anguish. Tasks which consisted of me having to clean up pre-trial detainee tiers after fights and stabbings. Where blood and bodily fluids would be all over the tiers like a massacre took place. Some of these jail fights and stabbings made the headlines of local news channels. During this strenuous task I was exposed to bio-hazard materials, bacteria, and pathogens.

The end result of me being classified as a minimum/medium pre-trial detainee who was detained in a super-maximum security division (Division 9) as a worker. There were a lot of weeks which led to month(s) of me not getting paid for being a pre-trial detainee worker. I would make my complaint known to several supervising officers who were assigned to these various details about me not getting paid for my labor services and my complaint would be ignored. So by me being a pre-trial detainee worker my labor services which I contributed would go in vain because sometimes I wouldn't get paid for working. Although I'm a pre-trial detainee who is incarcerated awaiting trial. I haven't been convicted of anything concerning the current charge against me. And I'm wondering are there labor laws which apply to pre-trial detainees who contribute their labor services to work within the C.C.D.O.C and assist with the daily operations of the facility.

By me being a pre-trial detainee worker and contributing my labor to assist in the daily operation as well as function of the Cook County Department of Corrections (Division 9) and not get all of the salary I deserve for my labor services is unfair and inhumane. There were times I was worked for periods of long hours throughout the day and week like I was a robot.

Above all, by me being drafted and forced to clean up hazardous environments along with being exposed to bio-hazardous materials, bacteria, and pathogens. This too as well as my other complaint of not getting paid for my labor services is a violation of my United States of America Constitutional Rights ~ mainly the (8th) VIII Amendment of cruel and unusual punishment being inflicted upon me whenever I worked a job detail.

I've exhausted all of my available administrative remedies in the form of a "Inmate Grievance Form". And although someone from the Cook County Department of Corrections Trust Fund Office made an effort to rectify my complaint regarding my payroll discrepancy I'm still missing payments for days and weeks I worked. Also under the authority of Tom Dart (Sheriff), by directions of John Murphy (Executive Director), and through the supervision of Superintendent Mr. Thomas (Division 9) I don't have any access to or control over any payroll sheets. So for the record, why should I be penalized and go unpaid for this administration negligence as well as payroll sheets that are under their authority. As a pre-trial detainee all I can do is notify the supervising officer who assigned to the work detail to pay me for working. And it's that supervising officer responsibility to make sure I get put on the payroll sheets to get paid. So I don't think it's right for me to be held liable for my name not being put on the payroll sheet ~ it's their error. Then if I'm not getting paid for working who getting the money owed to me for my labor services.

V.

RELIEF:

Regarding "CLAIM TWO (II)" ~ Inmate Work Program. I want the

Defendants (Tom Dart ~ Sheriff and John Murphy ~ Executive Director)  
to held accountable for me being a pre-trial detainee participating in the  
Inmate Work Program contributing my labor services to assist with the  
daily operations of the C.C.D.O.C and not getting paid. Create a database  
with software to make sure all pre-trial detainees who work are paid on  
time for their labor services. And for these Defendants to compensate me  
financially for my labor and hard work I contributed to assist in the daily  
operations of the C.C.D.O.C. Along with being compensated for the cruel and  
unusual punishment inflicted upon me by having human feces and urine  
thrown on me. I'm presenting my complaint to this honorable court  
praying that it take action.



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

*Exhibit A* GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

This section is to be completed by Program Services staff ONLY! (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE  
 GRIEVANCE  
 NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- CERMAK HEALTH SERVICES  
 SUPERINTENDENT: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

Program Services Supervisor Approving Non-Grievance (Request) Signature

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

STARNES

DIVISION (División):

9

PRINT - FIRST NAME (Primer Nombre):

CHARLES

LIVING UNIT (Unidad):

3C ~ 3361

ID Number (# de Identificación):

# 2012-0825201

DATE (Fecha):

11 / 06 / 12

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.  
 \* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
 (Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

I'm currently incarcerated in Division 9 on Tier 3C which is a workers tier. I started working the 7-3 shift Food Cart approximately around September 4, 2012. My primary assignment is the 7-3 shift food cart. The supervising officer (responsible) over the 7-3 shift Food Cart is Officer N. Smith. Officer N. Smith of the 7-3 shift have been submitting the payroll sheets for the 7-3 shift food cart workers to the Division 9 secretary. Then the Division 9 secretary enters the payroll for the week on the computer and sends it to the Trust Fund Office. However, I've been working the 7-3 shift Food Cart for (2) two months and I haven't been paid for the weeks of 9/14/12; 9/21/12; 9/28/12; 10/5/12; and 10/26/12. I'm very professional and respectful when I'm working. Also I perform my job with integrity and integrity. So I think I deserve to be paid accurately for my services in the C.C.D.O.C.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitado):

I'm requesting that my back pay (salary) be retroactive dating back to 9/14/12 and the Trust Fund Office supervisor grant me my back pay for the weeks I went unpaid while working in the Cook County Department of Corrections. Thank You Very Much!

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

Nombre del personal o preso que tienen información:

INMATE SIGNATURE (Firma del Preso):

OFFICER N. SMITH OF THE 7-3 SHIFT DIV. 9 SECRETARY - MARY

Charles Starnes

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

RW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

/ /

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

/ /

**Resident Funds Inquiry**  
 Current User Name: PROGSERV Logout

Exhibit "B"

ResId: 20120825201

 Resident Id: 20120825201  
 Resident Name: STARNES, CHARLES  
 Date of Birth: 1973-11-12  
 Location: D93C -3 -3361
**Account Activity:**Prior History

Date	Transaction Type	Transaction Description	Amount	Balance	Due	Total
10/19/2012	PAYROLL	PR47 10.13.12 DIV9 7.3 FOOD	7.00	7.39	0.00	7.39
10/16/2012	EPR	OID:101225485- ComisaryPurch-Reg	-6.72	0.39	0.00	0.39
10/15/2012	PAYROLL	PR46 10.06.12 DIV9 7.3 FOOD.	7.00	7.11	0.00	7.11
9/18/2012	EPR	OID:101199855- ComisaryPurch-Reg	-2.12	0.11	0.00	0.11
8/27/2012	DEPCA	WS-00043322	2.23	2.23	0.00	2.23
8/26/2012	BOOKED	ON THE NEW	0.00	0.00	0.00	0.00

Attn: Superintendent ThomasTo whom it may concern, (Officer Winfred)

In regards to my first grievance the following weeks are the weeks I didn't get paid for working the 7-3 shift Food Cart within the Cook County Department of Corrections.

September 9, 2012 thru September 15, 2012  
(PR 42 09.15.12)

September 16, 2012 thru September 22, 2012  
(PR 43 09.22.12)

September 23, 2012 thru September 29, 2012  
(PR 44 09.29.12)

(OVER)

September 30, 2012 thru October 06, 2012

(PR 45 10.06.12)

October 21, 2012 thru October 27, 2012

(PR 48 10.27.12)

I'm not trying) to cause any problems for myself. But I know that I'm being unfairly treated for working) within the Cook County Department of Corrections. Without a doubt I should be paid for my labor and services of working) the 7-3 shift Food Cart in Division 9. Although I'm working) for wages that equals up to \$ 7.00 dollars a week. I feel that I shouldn't be taken advantage of by performing) labor services for free.

Once again these discrepancies in my payroll for working) the 7-3 shift Food Cart in Division 9 is part impartial due to this detail not having) a regular officer (Supervisor) on a weekly basis. I'm not in a position to make my complaint to a labor's union so I'm making) my complaint known to the Superintendent (Mrs. Thomas) of Division 9 (Super Maximum Security Facility)

This makes \$35.00 dollars owed to me for my labor and working) services for the 7-3 shift Food Cart in Division 9 within the Cook County Department of Corrections.

Thank You for your cooperation, help, and assistance regarding this matter.

Charles Starnes # 2012-0825201

Exhibit C
**Resident Funds Inquiry**  
 Current User Name: PROGSERV Logout

ResId: 20120825201

Submit

Resident Id: 20120825201

Resident Name: STARNES , CHARLES

Date of Birth: 1973-11-12

Location: D93C -3 -3361

**Account Activity:****Prior History**

Date	Transaction Type	Transaction Description	Amount	Balance	Due	Total
12/18/2012	EPR	OID:101279424-ComisaryPurch-Reg	-45.32	34.87	0.00	34.87
12/12/2012	PAYROLL	PR3 12.08.12 DIV9 7.3 FOOD	7.00	80.19	0.00	80.19
12/11/2012	EPR	OID:101273083-ComisaryPurch-Reg	-41.28	73.19	0.00	73.19
12/10/2012	DEPMO	4001639	50.00	114.47	0.00	114.47
12/04/2012	EPR	OID:101266913-ComisaryPurch-Reg	-60.14	64.47	0.00	64.47
11/30/2012	PAYROLL	PR1 11.24.12 DIV9 7.3 FOOD	7.00	124.61	0.00	124.61
11/27/2012	EPR	OID:101260497-ComisaryPurch-Reg	-17.20	117.61	0.00	117.61
11/21/2012	PAYROLL	PR52 11.17.12 DIV9 7.3 FOOD	7.00	134.81	0.00	134.81
11/19/2012	DEPWU	9393229133 11/16/12	120.00	127.81	0.00	127.81
11/16/2012	PAYROLL	PR51 11.10.12 DIV9 7.3 FOOD	7.00	7.81	0.00	7.81
11/13/2012	EPR	OID:101250370-ComisaryPurch-Reg	-38.64	0.81	0.00	0.81
11/08/2012	DEPMO	9009109812	25.00	39.45	0.00	39.45
11/07/2012	PAYROLL	PR50 11.03.12 DIV9 7.3 FOOD	7.00	14.45	0.00	14.45
11/02/2012	PAYROLL	PR49 10.27.12 DIV9 7.3 FOOD	7.00	7.45	0.00	7.45
10/30/2012	EPR	OID:101237967-ComisaryPurch-Reg	-6.94	0.45	0.00	0.45
10/19/2012	PAYROLL	PR47 10.13.12 DIV9 7.3 FOOD	7.00	7.39	0.00	7.39
10/16/2012	EPR	OID:101225485-ComisaryPurch-Reg	-6.72	0.39	0.00	0.39
10/15/2012	PAYROLL	PR46 10.06.12 DIV9 7.3 FOOD	7.00	7.11	0.00	7.11

(OVER)

Attn: Superintendent Thomas CHARLES STORNES

To whom it may concern, (Officer Winfred)

I'm a 7-3 shift Food Cart worker and I've been working for approximately three (3) months. Throughout me working there have been several weeks I haven't been paid. So I'm asking and requesting to be paid the back pay owed to me for my services.

I would really appreciate your time, patience, and cooperation regarding this matter. Thank You Very Much!

Weeks I haven't been paid:

November 25, 2012 thru December 1, 2012  
(PR 2 12.01.12)

December 9, 2012 thru December 15, 2012  
(PR 4 12.15.12)

December 16, 2012 thru December 22, 2012  
(PR 5 12.22.12)

There have been other weeks prior to these that I haven't been paid but I've already filed a grievance for those weeks. Due to the 7-3 shift Food Cart not having a regular officer (Supervisor) there are weeks we go unpaid. Now it's time for the payroll for December 23, 2012 thru December 29, 2012 (PR 6 12.29.12) to be submitted. So this makes "\$ 28.00"

**Exhibit "S"****INMATE GRIEVANCE FORM**

(Formulario de Queja del Preso)

I This section is to be completed by Program Services staff - ONLY | (! Para ser llenado solo por el personal de Program Services !)

**GRIEVANCE FORM PROCESSED AS:**

- EMERGENCY GRIEVANCE  
 GRIEVANCE  
 NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

**REFERRED TO:**

- CERMACK HEALTH SERVICES  
 SUPERINTENDENT: DIV 9  
 OTHER:

PRINT: INMATE LAST NAME (Apellido del Preso):

PRINT: FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

**STARNES****CHARLES**# **2012~0825201**

DIVISION (División):

**9**

LIVING UNIT (Unidad):

**3C ~ 3361**

DATE (Fecha):

**1 1 13****INMATE'S BRIEF SUMMARY OF THE COMPLAINT** (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

- \* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- \* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.
- \* Cuando una Queja se procesa como una QUEJA NO (PETICIÓN), un preso podría resometer una Queja después de los 15 días para recibir un "Número de Control", ya sea, porque no hay una respuesta o porque la respuesta es insatisfactoria.

(PLEASE INCLUDE: \* Date of Incident - Time of Incident - Specific Location of Incident  
 (Por Favor, Incluya: \* Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

I'm currently incarcerated in Division 9 on (Inv.) 3C which is a work crew (Inv.). I filed a grievance previously to this one concerning my shift supervisor (not working) the 7-3 shift food cart. Personally gave that grievance to C.R.W. (Ethel) to be forwarded. But C.R.W. (Ethel) never signed or dated the grievance so there is no official record on record that I filed a grievance previously to this one. However, the nature of my initial grievance was pertaining to me not getting paid for several weeks while working the 7-3 shift food cart. And the basis of this grievance is for the same exact complaint after (Inv.) 500 shift weeks. I started working the 7-3 shift food cart approximately around 8/17/12 (Inv.) 4/10/13. And to this current date there has been several weeks where went unpaid for milking/kim services. There is a major discrepancy with the payroll for the 7-3 shift food cart working detail.

ACTION THAT YOU ARE REQUESTING (Acción que está solicitando):

I'm requesting that I be paid for working with in the Cook County Dept. of Corrections. Also be granted the amount of money owed to me for the work I didn't get paid while working the 7-3 shift food cart. Dating back from 9/14/12 to 1/1/13. DATED: 10/14/13  
 DEPARTMENT: BURGIN #2012-1008130 0915086  
 OFFICIAL APPROVAL DATE: 10/14/13  
 Signature: V. Bellon

Charles Starnes

INITIALS FOR SIGNATURE

SUPERINTENDENT DIRECTOR OF PROGRAMS

DIRECTOR OF INVESTIGATIONS

INITIALS FOR SIGNATURE

DIRECTOR OF INVESTIGATIONS

INITIALS FOR SIGNATURE

INITIALS FOR SIGNATURE

DIRECTOR OF INVESTIGATIONS

INITIALS FOR SIGNATURE

INITIALS FOR SIGNATURE

DIRECTOR OF INVESTIGATIONS

INITIALS FOR SIGNATURE



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

2013X0802

! This section is to be completed by Program Services staff ONLY! (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE  
 GRIEVANCE  
 NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- CERMAK HEALTH SERVICES  
 SUPERINTENDENT: DIV 9  
 OTHER:

Program Services Supervisor Approving Non-Grievance (Request) Signature

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

STARNES

PRINT - FIRST NAME (Primer Nombre):

CHARLES

ID Number (# de identificación):

#2012~0825201

DIVISION (División):

DIV. 9

LIVING UNIT (Unidad):

3C ~ 3361

DATE (Fecha):

3 / 13 / 13

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

\* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

\* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.

\* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

\* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

This is the (3<sup>rd</sup>) third grievance I've filed concerning my payroll (for working) the 7-3 shift Food Cart detail. Under the authority of the Cook County Sheriff (Mr. Tom Dart) and the supervision of his colleague (Superintendent Mr. Thomas). I've been working in Division 9 (Super Maximum Security) Facility performing the duties of the 07-3 shift Food Cart since approximately September 14, 2012. I've worked for several officers from the start to this present date - OIC. Killin, OIC. L. Davis, OIC. Jordan, OIC. Dabkwick, OIC. N. Smith, OIC. Crawford, OIC. Statum, and OIC. Ruiz just to name a few. There have been several weeks I've went without being paid for performing the work and labor services. I have "Exhibits" attached to corroborate and verify the details of the complaint I'm filing.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado): All I'm requesting is to be paid my back pay for my working labor services that I earned. And my 1<sup>st</sup> Trust Fund Office within the CAIR (Court) Department at Correction to credit my back pay to my account as soon as possible. Thank You Very Much!

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información)

The Officers Names I stated within this Grievance - Charles Starnes

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

V. Buffler

SIGNATURE:

V. Buffler

DATE CRW/PLATOON COUNSELOR RECEIVED:

3 / 15 / 13

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

/ /



## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

2013X0802

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Starnes

Charles

2013X0802

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

*Detainee alleges denial of Back pay  
for previous weeks he already worked*

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

Supl 18V9

3/15/13

RESPONSE BY PERSONNEL HANDLING REFERRAL:

*Inmates are paid for the weeks that are documented by payroll sheets. If you are not on the sheet, you will not get paid.*

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

Cinque Place

Inch. place 27

DIV./DEPT.:

9

DATE:

3/25/13

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

None

DIV./DEPT.:

9

DATE:

3/25/13

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

 GRIEVANCE SUBJECT CODE: \_\_\_\_\_ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

Charles Starnes

3/29/13

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

3/29/13

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

*As being a Detainee I don't have any control over payroll sheets. Also if any of the Officers names pertained within my grievance were interviewed then it will be proven I have been working since approx. September of 2012 and it was approved the 1st of Dec.*

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(Apelación del detenido aceptada por el administrador o/su designado(a))

Yes (Si)

No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a)):

Decision stands

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): \_\_\_\_\_

SIGNATURE (Firma del Administrador o/su Designado(a)): \_\_\_\_\_

DATE (Fecha):

4/3/13

INMATE SIGNATURE (Firma del Preso):

Charles Starnes

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):

4/5/13

## Notes IV. STATEMENT OF CLAIM:

### CLAIM THREE

#### III. MEDICAL (HEALTH CARE) TREATMENT AND MEDICATION

I'm currently incarcerated in the Cook County Department of Corrections as a pre-trial detainee awaiting trial. I've been detained in the Cook County Department of Corrections in various divisions under the authority of Tom Dart (Sheriff) and directions of John Murphy (Director) from August 25, 2012 to this present date.

I'm presently detained in the Cook County Department of Corrections within Division 5 under the authority of Tom Dart (Sheriff), by directions of John Murphy (Director), and through the supervision of Lynne Everhart (Superintendent of Div. 5) from May 2, 2013 to this present date.

While being detained in the Cook County Department of Corrections as a pre-trial detainee awaiting trial under the authority of Tom Dart (Sheriff) and directions of John Murphy (Director) I was denied Medical treatment as well as deprived of prescribed medication(s). The denial of Medical treatment and the violation of my right to Medical treatment as a pre-trial detainee occurred through Cermak Health Services. Since the Cermak Health Services is located within the Cook County Department of Corrections and this department being under the authority of the C.C.D.O.C I'm bringing my complaint against Tom Dart (Sheriff), John Murphy (Director), and the Cermak Health Services department. Especially since the Sheriff (Tom Dart) and Director (John Murphy) is responsible for my safety and well being while I'm being detained in the Cook County Department of Corrections.

My complaint goes as follows regarding the violation of my right to Medical treatment.

When I was in society I attended appointments at Stroger Hospital for the purpose of having

surgery for a injury I suffered. Once I became incarcerated I informed the doctors at Cermak Health Services about my pending appointments at Stroger Hospital for plastic surgery. The doctors in return sent a referral to Stroger Hospital notifying them of me being incarcerated for my scheduled appointments could continue. Eventually I was taken from the Cook County Department of Corrections to Stroger Hospital through Cermak Health Services via Cook County Sheriff transport to attend a appointment at the plastic surgery clinic. After being evaluated and assessed by the plastic surgery specialist doctor I was then scheduled to have surgery. But before having the surgery by the plastic surgeon specialist doctor they referred me to the E.N.T (Ear, Nose, and Throat) specialist doctors to be evaluated and assessed before having the surgery. Being that the surgery I'm going to have performed is my neck area the plastic surgery specialist doctors wanted clearance by the E.N.T specialist doctors to make sure it wouldn't be a problem to sedate me and if need be intubate me. So I was referred to the E.N.T specialists by the plastic surgery specialist and soon after I was being taken to the plastic surgery clinic as well as the E.N.T specialist clinic by the Cook County Sheriff transport through Cermak Health Services department to Stroger Hospital an outside hospital.

While being screened by the E.N.T specialist doctor (Dr. Brenin) I expressed to her that I was experiencing a medical problem with my right ear. So the doctor examined my ear and prescribed me some medication to help improve my ear condition. In which my ear condition consisted of me feeling extreme pressure and pain in my inner ear canal. And at times it would be very difficult for me to hear out of my right ear.

In any event, the doctor (Dr. Brenin) prescribed me the medication for my ear. The doctor typed the prescription on the computer (in which Cermak Health Services share the same database on the computer as Stroger Hospital) and hand wrote the prescription to put in my medical packet which comes back to Cermak Health Services when I'm returned back to the Cook County Department of Corrections from the outside hospital.

I attended the E.N.T specialist appointment on August 22, 2013 at Stroger Hospital and this is the date in which the doctor (Dr. Brenin) wrote the prescription for the

medication for my ear).

Once I returned back to the premises of the Cook County Department of Corrections from the outside hospital (Stroger Hospital) I was taken to Cermak Health Services. I then informed one of the assigned officers (R/S) at Cermak Health Services about the prescribed medication. This officer advised me that I would see a Medical Doctor (M.D) to be evaluated and cleared before I return back to General Population (G.P) by me just returning from an outside hospital. I could then tell the Medical Doctor about the medication prescribed to me from the E.N.T specialist doctor. Well, I never seen a Medical doctor on this date and I was sent back to my assigned division without being evaluated and cleared physically in person.

After being back in my assigned division and after a few days went by I didn't get my prescribed medication. So I filled out (2) two medical health service request forms stating; "I am NOT getting my prescribed medication". To no avail initially I wasn't seen at the dispensary where I'm currently located in Division 5 or by Cermak Health Services concerning my prescribed medication. But once the dispensary did get around to seeing me one of the paramedics in the dispensary told me they didn't see or have on file where I was prescribed some medication for my ear. So I waited some more time to see if someone would catch the mistake and correct the error but still nobody did. This is when I filed a grievance on the incident.

I filed a Inmate Grievance form on September 19, 2013 concerning my complaint about me not getting my prescribed medication from the E.N.T specialist doctor for my ear. And due to their gross negligence my medical condition (ear) has gotten worse over the weeks. I was denied my medication and my right to Medical treatment was violated because I still wasn't seen by a doctor here at the Cook County Department of Corrections through Cermak Health Services for my ear condition.

Once I was called to hear the merits of my Inmate Grievance form I had a paramedic blatantly tell me and I quote; "do you think you special or something? Here it is you complaining about not getting your medication or seeing a doctor and I have to pay all of money on the streets to get medical treatment. You better be glad you went and

seen the plastic surgery specialist. Also stop complaining about not seeing the E.N.T specialist or getting your medication. Because you not the only person locked up in this jail. And truthfully, all of you inmates need to be paying to see a doctor like we do," inmate.

While waiting on a response from Cermak Health Services to my Inmate Grievance Form I ended up attending another scheduled appointment to the E.N.T specialist clinic on September 26, 2013. At this appointment I was seen by Dr. Triscida and I told her about my appointment with Dr. Brenin and the medication prescribed to me along with me not receiving the medication. Also I told Dr. Triscida about how over at Cermak Health Services in the Cook County Department of Corrections stated they didn't see on the computer or on my medical packet where I was prescribed some medication. So the doctor pulled it up on the computer screen and showed me as well as the report Dr. Brenin wrote when she prescribed me the medication.

Dr. Triscida asked me was my ear still bothering me and I said yes along with it has gotten worse. In return she said that I would have to take the medicine for they could see what it does before they do something else. Also Dr. Triscida wrote the prescription again and told me that all they can do is write the prescription and it's up to the Cook County Department of Corrections and Cermak Health Services to distribute the medication. Reason being that pre-trial detainees are not allowed to be given medication from outside hospitals due to a certain medication might be prohibited in the C.C. D.O.C.

Once Dr. Triscida wrote the prescription again I returned back to the Cook County Department of Corrections through Cermak Health Services and still didn't get seen by a Medical Doctor to be evaluated and cleared to return back to General Population. Then ironically all of a sudden after I attended an appointment at Stroger Hospital at the E.N.T specialist clinic on September 26, 2013 and after filing the Inmate Grievance Form about me not getting my prescribed medication. The medication shows up to me on September 29, 2013 over a month late from when it was prescribed on

August 22, 2013.

"Very, Very, Very Important Note: " Someone or Somebody at Cermak Health Services tried to cover up their negligence and violating my rights to Medical treatment. How do I know it's a cover up? Because whoever that someone or somebody is that processed my prescription for my medication tried to make it seem as though the medicine was prescribed for me when I attended my appointment at Stroger Hospital for the E.N.T specialist clinic on September 26, 2013 for the first time. Whereas it is already in the computer showing that the medicine "was not" prescribed for the first time on September 26, 2013. Because you have my appointment at Stroger Hospital for the E.N.T specialist clinic on August 22, 2013 where I seen Dr. Brenin and her log in code on the computer verifies her notes she documented this date and shows this is the first date the medication was prescribed for me. So it is very disturbing to me that someone or somebody would go to the extent to try and cover up where they were negligence in order not to be held liable for their short fall in departmental policy. It's a proven fact through the computer system from the appointments at Stroger Hospital for my E.N.T appointments that my medication was prescribed for me on August 22, 2013 and it took over a month for Cermak Health services to give me my medicine less known have me see a doctor through their department. It took me to have to attend another appointment at Stroger Hospital for the E.N.T specialist clinic before I finally received the medicine for my ear. And this negligence and delay have made my medical condition (Ear) worse to this present date.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

REGARDING CLAIM THREE (III) RELIEF: I want the Defendants Tom Dart (Sheriff), John Murphy (Director), and Cermak Health Services to be held accountable and liable for their gross negligence of violating my right to medical treatment as well as depriving me of receiving my medication. Held accountable and liable for taking short cuts around the corner for pre-trial detainees returning back from an outside hospital. Instead of following departmental policy, procedures, and protocol for pre-trial detainees returning back from outside hospitals. Lastly, to be compensated for the damage to my health (ear) I suffered

VI. The plaintiff demands that the case be tried by a jury.  YES  NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this OCT. day of 22, 2013

Charles Starnes

Brian Ashcroft

(Signature of plaintiff or plaintiffs)

CHARLES STARNES

(Print name)

# 20120825201

(I.D. Number)

COOK COUNTY DEPARTMENT OF CORRECTIONS

2650 S. CALIFORNIA AVE.

CHICAGO, ILLINOIS 60608

(Address)



**COOK COUNTY SHERIFF'S OFFICE**  
*(Oficina del Alguacil del Condado de Cook)*

**INMATE GRIEVANCE FORM**  
*(Formulario de Queja del Preso)*

6  
RECOLLECT

GRIEVANCE

NON-GRIEVANCE (REQUEST)

CONTROL #

**! This section is to be completed by Program Services staff - ONLY !** (*! Para ser llenado solo por el personal de Program Services !*)

<b>GRIEVANCE FORM PROCESSED AS:</b> <input type="checkbox"/> EMERGENCY GRIEVANCE <input type="checkbox"/> GRIEVANCE <input type="checkbox"/> NON-GRIEVANCE (REQUEST)	<b>REFERRED TO:</b> <input checked="" type="checkbox"/> CERMAK HEALTH SERVICES <input type="checkbox"/> SUPERINTENDENT: _____ <input type="checkbox"/> OTHER: _____
---	--

*Program Services Supervisor Approving Non-Grievance (Request) Signature*

*Program Services Supervisor Approving Non-Grievance (Request) Signature*

**INMATE INFORMATION** (*Información del Preso*)

PRINT - INMATE LAST NAME (Apellido del Preso): <b>STARNEs</b>	PRINT - FIRST NAME (Primer Nombre): <b>CHARLES</b>	ID Number (# de Identificación): <b># 2012-0925201</b>
DIVISION (División): <b>DIVISION 5</b>	LIVING UNIT (Unidad): <b>TEER 2K / CELL 11-2</b>	DATE (Fecha): <b>9/19/13</b>

**INMATE'S BRIEF SUMMARY OF THE COMPLAINT** (*Breve Resumen de los Hechos del Preso*)

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
  - \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
  - \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

- \* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
  - \* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
  - \* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

**PLEASE INCLUDE:**      Date of Incident      -      Time of Incident      -      Specific Location of Incident  
**(Por Favor, \*Incluya:**      Fecha Del Incidente      -      Hora Del Incidente      -      Lugar Especifico Del Incidente)

(PART 1 OF 1)

(Fair) weeks ago I am tested (August 22, 2013) I attended a scheduled appointment at (Kittatinny) Hospital to be examined by the E.N.T (ear, nose, and throat) specialist. Upon the completion of this examination the E.N.T specialist doctor (Dr. Brian L. Moore) prescribed me some medication for my ear. (Note: The medication consisted of a nasal spray (Immodium) and Nasal solution to treat the infected mucus.) Once I returned back to the premises of the Cook County Department of Corrections from the outside hospital I was taken to Camp Health Services. Where I informed one of the medical officers (RIO) about the prescribed medication. The RIO advised me that I would see a Medical Doctor (M.D) to be evaluated and change the prescription back to General Population (G.P). And I wait if the Medical Doctor about the medication prescribed to me. Will let you know when I will be granted with this and I will wait back ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

**ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado)**

Jim re-entitled to "ginea" (copy) of the dental and/or mandible set forth for Pre-Trial Detainees returning back from an outside hospital back to C.C.D.O.C (Cermak). And to be given the prescribed medication that was prescribed for me by the E.N.T Doctor specifically this date 6/16/2011 and to me

**NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT  
(Nombre del personal o presos que tengan información:)**

**INMATE SIGNATURE (Firma del Preso)**

[Nombre del personal o presos que tengan información.]

**SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.**

CBW/PLATOON COUNSELOR (Print)

**SIGNATURE**

DATE CRW/PLATOON COUNSELOR RECEIVED:

*Aboriginal*

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## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

GRIEVANCE

 NON-GRIEVANCE (REQUEST)

CONTROL #

R613X4046

I This section is to be completed by Program Services staff... ONLY! / Para ser llenado solo por el personal de Program Services !

## GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE  
 GRIEVANCE  
 NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- CERMACK HEALTH SERVICES  
 SUPERINTENDENT: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

Program Services Supervisor Approving Non-Grievance (Request) Signature

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

STARNES

PRINT - FIRST NAME (Primer Nombre):

CHARLES

ID Number (# de Identificación):

#2012-0825201

DIVISION (División):

DIVISION 5

LIVING UNIT (Unidad):

TIER 2K / CELL 11-2

DATE (Fecha):

9/19/13

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

\* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

\* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.

\* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

\* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

## (PART II of II)

I am assigned division. While I will be taking (2) medical health activities request forms stating; "I am NOT getting my prescribed medication". But to no avail I still haven't been seen at the division (Division 5) or by Cormack Health Services concerning my prescribed medication. And as of this date I still haven't received my prescribed medication in which the E.N.T specialist doctor prescribed for me. With my complaint being made known I'm writing the Cormack Health Services. The Dept of Cormack Health Services DID NOT follow the proper protocol (I'm not) a physical in person evaluation and I have no more rights continue my right to my assigned division. And I returned back to outside hospital (Stranger). The Dept of the Department in my assigned division has failed to acknowledge the medical health service request I further submitted. And due to both of these department's negligence my medical condition (pain) has gotten worse over the weeks.

## ACTION THAT YOU ARE REQUESTING (Acción que está solicitado):

I'm requesting to be given a "copy" of the medical and/or medical set forth for Pre-Trial Detainees returning from outside hospital back to C.C.D.O.C (Cormak). And to be given the prescribed medication that was prescribed for me by the E.N.T doctor specialist which is Vitek brinjal Vicodin to me.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

An. Branning (E.N.T SPECIALIST) at STRANGER HOSPITAL

INMATE SIGNATURE (Firma del Preso):

Charles Starnes

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

T. Bunch

SIGNATURE:

T. Bunch

DATE CRW/PLATOON COUNSELOR RECEIVED:

10/1/13

SUPERINTENDENT/DIRECTOR/DESGNEE (Print):

SIGNATURE:

DATE REVIEWED:

10/1/13



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

2013 X 3419

! This section is to be completed by Program Services staff - ONLY!

(! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE  
 GRIEVANCE  
 NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- CERMAK HEALTH SERVICES  
 SUPERINTENDENT:  
 OTHER:

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

STARNES

DIVISION (División):

DIVISION 5

PRINT - FIRST NAME (Primer Nombre):

CHARLES

ID Number (# de identificación):

#2012-0825201

LIVING UNIT (Unidad):

TIER K-2 / CELL U-2

DATE (Fecha):

08/29/13

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

- \* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- \* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Fórmula de Apelación.
- \* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

I have an urgent Medical Issue involving my teeth. I've submitted several numerous Health Request forms to be seen by the dental department. Based upon my Health Request forms I've been scheduled via appointment to be seen by the dental department. However, every time my appointment arrives I end up getting rescheduled for reasons unknown to me. I've been waiting since May of 2013 to see the dentist. I was scheduled for an appointment June 27, 2013 that got cancelled. I was scheduled for an appointment as of today which has been cancelled for reasons unknown to me. My Dental Emergency is ~ I have a cracked tooth that constantly bleeds due to trauma suffered to the tooth. And it hurts badly when something cold touches it like the ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado): (nurse is exposed.)

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE (Firma del Preso):

SUNITA B WILLIAMS M.D./MEDICAL STAFF OF DIV. 5

Charles Starnes

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

APDurrell

SIGNATURE:

APDurrell

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/3/13

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

/ /



CONTROL #

2012 X 3019

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Stevens

Charles

01120605201

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Dental Treatment

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

Cermak

9/3/13

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Handled by Lieutenant Lorraine Thompson, Health Services Unit  
 Transferred to Dr. James O'Brien, Dentist in Health Services Unit  
 Patient has been seen and treatment is being set up.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

Lorraine Thompson

D/Thompson

HOS

9/3/13

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

Lorraine Thompson

D/Thompson

HOS

9/3/13

NON-GRIEVANCE (REQUEST) SUBJECT-CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

 GRIEVANCE SUBJECT CODE: \_\_\_\_\_ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

9/24/13

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si)  No 

(Apelación del detenido aceptada por el administrador o/su designado(a))

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a)): \_\_\_\_\_

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)): \_\_\_\_\_

SIGNATURE (Firma del Administrador o/su Designado(a)): \_\_\_\_\_

DATE (Fecha): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso): \_\_\_\_\_

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

V. RELIEF (CONTINUED):

REGARDING CLAIM ONE (I) RELIEF: During the process of this honorable court reviewing my claims I want for the court to authorize an independent agency outside of the Cook County Department of Corrections or the authorized agency who is responsible to regulate the Cook County Department of Corrections to investigate not only how this claim affects myself but how it affects other pre-trial detainee's who are being detained in the Cook County Department of Corrections awaiting trial. This independent agency or authorized agency can then witness first hand to the validity and truth in this claim.

REGARDING CLAIM TWO (II) RELIEF: During the process of this honorable court reviewing my claims I want for the court to authorize an independent agency outside of the Cook County Department of Corrections or the authorized agency who is responsible to regulate the Cook County Department of Corrections to investigate not only how this claim affects myself but how it affects other pre-trial detainee's who are being detained in the Cook County Department of Corrections awaiting trial. This independent agency or authorized agency can then witness first hand to the validity and truth in this claim.

REGARDING CLAIM THREE (III) RELIEF: During the process of this honorable court reviewing my claims I want for the court to authorize an independent agency outside of the Cook County Department of Corrections or the authorized agency who is responsible to regulate the Cook County Department of Corrections to investigate not only how this claim affects myself but how it affects other pre-trial detainee's who are being detained in the Cook County Department of Corrections awaiting trial. This independent agency or authorized agency can then witness first hand to the validity and truth in this claim.